

Vermont Association for Mental Health
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Introduction

Vermont has made tremendous progress in the second year of its first systematic effort to enroll soon-to-be-released inmates in federal benefits programs. The State launched the Benefits Enrollment Initiative (the Initiative) in the late fall of 2005 in two facilities and added a third in January, 2006. It promised to have the remaining seven facilities participating by the end of 2006 and it made good on its promise. Because the facilities all serve different populations, the Initiative's implementation has not been uniform but it has still been impressive. The drive and engagement of the staff who work on the Initiative is exceptional. Overall, it has been an outstanding example of the State's willingness to launch a common sense program to help reduce the skyrocketing costs of recidivism.

To assess the Initiative's progress in the second year, VAMH conducted five site visits and spoke with the staff who have most recently become involved with the Initiative. As reported in the November, 2006 interim report, VAMH also featured a workshop on the Initiative at its Annual Meeting in October, 2006. At that workshop, six panelists drawn from Departments of Correction (DOC), the Division of Economic Services of the Department for Children and Families (ESD) and the Division of Vocational Rehabilitation of the Department of Disabilities, Aging and Independent Living (VR) described the successes and challenges they face in working with inmates on their benefits. A seventh panelist was a former inmate who was enrolled in food stamp and health care benefits before she left prison. She spoke highly of the ESD benefits programs specialist's presence in the Windsor facility and credited her efforts in helping raise awareness among the incarcerated women as to what benefits they may be eligible for upon release.

VAMH held a Forum on June 5, 2007, entitled "The Restoration of Benefits Initiative: Building Bridges and Building Access." The Forum included two panel discussions. "Hearing from the Real World" featured ESD benefits programs specialists, a DOC case manager and a Social Security Assistant from VR sharing their highlights, challenges and thoughts about areas for improvement. "Hearing from State Leaders: What Now-What Next" offered an opportunity for state officials from the DOC, ESD, the Division of Mental Health, the Division of Alcohol and Drug Abuse Programs, and the Agency of Human Services to articulate where they see this Initiative a year from now.

The Forum was the second time in two years that VAMH has gathered interested parties from the community provider system, the Agency and its departments, and the General Assembly to reflect on the strengths and weaknesses of the Initiative. These

forums give policy makers and people who work with inmates the opportunity to exchange views and gain a 360-degree view of the progress of the project.

Based on the forums, the site visits and countless conversations with staff involved with the Initiative statewide, VAMH offers the following observations and recommendations, detailed below:

1. Recidivism is complex and will not be solved by benefits alone.
2. The Initiative should continue as a vital piece of reentry support.
3. The Initiative needs additional support from the Agency and its departments.
4. The Initiative should ultimately be integrated into discharge planning efforts, such as the Incarcerated Women's Initiative
5. The bottom line: Mentally ill people should not be in prison.

1. Recidivism is complex and will not be solved by benefits alone

One of the sobering lessons for VAMH this past year is how tenuous the support system is in the State for recently-released offenders with mental illness and co-occurring disorders. These individuals need supportive housing that is safe and affordable, mental health and substance abuse treatment, and help getting and retaining employment. Almost everyone we spoke with agrees that targeted case management for ex-inmates with mental illness or co-occurring disorders, and not simply a check or EBT card, is essential for stability outside prison. Even SSI, which provides income and health care for people with disabilities and is a tremendous help, does not provide enough money to live on, especially given housing costs. Medicaid pays for treatment but can't secure an appointment. These benefits are seen as a help, but are not regarded as adequate to sustain an individual in the community.

The Chittenden Regional Correctional Facility in South Burlington is technically a jail and was not designed to hold people for long periods. Nevertheless, it houses inmates with medical problems who cannot go anywhere else and people who are so difficult to house and arrange services for that the facility has become the service provider of last resort.

As one DOC employee pointed out, people cannot even begin to tap into the ESD and SSI/SSDI benefits until they know where they are going to live. Another DOC employee observed that many of the conversations around service coordination lead to the conclusion that the services for difficult to house populations, like sex offenders and arsonists, simply do not exist. Of the eight people in the facility that have the most significant housing barriers, six have a mental illness.

In March, the participants at the meeting in Rutland estimated that 25 of the 135 inmates at the Marble Valley Regional Correctional Facility were on "mental health meds." When the DOC staff at the meeting were asked how many they expected to see re-incarcerated, without hesitation they said "all of them."

Although appropriate affordable housing is in short supply in Vermont, the point was made again and again that the real issues are lack of supported and transitional housing. The scarcity of supervised housing was identified as a barrier to reentry in Springfield, Windsor, Burlington, central Vermont and Rutland. The service providers in Burlington estimate that 85% of their ex-inmate clients are abusing substances. The Swanton/St. Albans team projected a similarly high percentage for its population. A DOC employee in Rutland commented that housing problems are a symptom that people “have a major problem,” and that more mental health services and drug and alcohol services are needed.

In several facilities, DOC case managers raised the issue of inmates who do not want to leave prison. For some, it can be a big leap from an institution to the community – too big without transitional services. One inmate told a Social Security Assistant that he would rather commit suicide than live on the outside.

Because these obstacles to reducing recidivism loom so large, the more modest efforts to arrange benefits through the Initiative do not command much attention beyond the people who directly provide the service. But Medicaid covers case management, mental health care and substance abuse treatment, and food stamps help stretch limited funds to cover housing costs. With bed space in the facilities so limited, any piece of discharge planning that is primarily federally funded and can be shared among departments is valuable.

2. The Initiative should continue as a vital piece of reentry support.

An enormous amount of hard work, commitment to the success of inmates and ingenuity have gone into this Initiative in the last two years and it deserves to continue despite its limitations as the silver bullet to recidivism. Taking advantage of the opportunity to use trained eligibility assistants to work with an inmate while he or she is incarcerated cuts through a lot of failure and frustration. Applications for benefits are complicated and require back-up documentation like proof of U.S. citizenship and medical records. DOC can not do this part of the reintegration work itself. It needs professionals from the outside to come in and prepare the inmates for release.

The staff from DOC, ESD and VR who pioneered this effort in the first three facilities have made notable strides in communication and coordination. At the 2007 forum, staff from the three departments who are now working together for the second year identified “coordination” as the aspect of the Enrollment Initiative that works best. Last year at this time, when the Initiative was only a few months old, coordination among the departments was inconsistent. Lack of communication was resulting in missed opportunities and last minute scrambling to arrange benefits for eligible inmates leaving the next day. Now, the worker-to-worker connections are emerging as one of the strongest components of the Initiative. Ideally, these connections will provide a foundation for increasingly effective comprehensive reentry initiatives.

From October, 2005, until April, 2007, the VR's Social Security Assistants have served 121 people throughout the State. They filed 84 new applications, 29 applications for reinstatement, and provided informational assistance to 9 inmates. Twenty-seven applications have been approved, nine reinstated, five denied, 56 are "in progress," and 11 withdrawn. The status of eight is unknown because VR lost contact with the persons after their release. VR is working on a tracking system with the Social Security Administration to find these individuals and see if they were granted benefits. It may also be possible to find the ex-inmates through their probation and parole officers, provided they are under community supervision.

In all the facilities, a VR counselor comes along on the Social Security Assistant's first visit to meet the inmate and encourage him or her to follow up for employment assistance upon returning to the community. This is an important piece of outreach that strengthens the transition by introducing inmates to a resource they may call on when they need one.

Overall, VR's efforts on behalf of inmates are very strong and getting stronger as its statewide program matures. As the Assistants' regular presence in the facilities becomes more established, and as DOC becomes more experienced in identifying potential applicants, the number of timely referrals is increasing. There has also been an overall increase in multi-disciplinary pre-release planning efforts among facilities that involve VR counselors as well as the Social Security Assistants. VR's desire to work with Probation and Parole is good indicator of its growing collaboration with DOC and their joint commitment to the success of inmates with disabilities in the community.

ESD has been tremendously creative in expanding and sustaining the Initiative while still staying within the rigid federal requirements for program eligibility. The team in the Southern State Correctional Facility in Springfield and Southeast State Correctional Facility in Windsor is on a roll. The ESD eligibility specialist has seen almost 500 people in the two facilities since she started in early 2006. In 2006, she met with 156 men and 170 women, and so far in 2007, she has met with 76 men and 89 women.

Since last year, ESD has increased its visits to the Windsor facility and dedicated a laptop to make the eligibility work in the facilities easier. The Springfield facility staff have made her welcome and provided an office she uses on her weekly visits. She shares her statistics on the people served to DOC by email each week. As noted at the 2007 forum, the teamwork on the inmates' behalf among the Springfield staff, VR and ESD has become exceptional in this second year of collaboration.

For approximately a year, ESD has been sending a benefits program specialist into the Northeast Regional Correctional Facility and the Caledonia Community Work Camp in St. Johnsbury each Wednesday. There are two specialists who visit the facilities and both have gone through training sessions hosted by DOC. On rough average, a specialist sees three to four inmates per week.

The relationship among the DOC case managers and the ESD workers is strong. (One ESD specialist said the case managers are “fantastic.”) They’ve helped 72 inmates receive benefits, with 39 applications denied and nine still pending.

DOC notified ESD of 50 inmate releases and failed to do so for 23 others. The unpredictability of release dates, which often hinge on housing, continues to plague the Initiative everywhere in the State. Many times, once housing falls into place, the events leading to release unfold quickly and no one at DOC notifies ESD to switch on the benefits. As in Springfield and Windsor, these connections should improve as the Initiative ages and becomes more routine. As it is, the DOC case managers credit a form developed by ESD’s district manager for helping them remember to notify ESD of releases.

The Northern State Correctional Facility in Newport started participating in the Benefits Enrollment Initiative in July 2006. As of February, 2007, an ESD eligibility specialist was visiting Newport inmates once a month, seeing 18 to 20 inmates per visit.

Newport’s population is always in flux, which makes it difficult for its case managers to get to know inmates, identify their needs, and plan for their release. The facility’s population is estimated to “roll” every six to seven weeks. Every day, Newport gets 20 admissions from other facilities and processes an estimated 40 people in and out of the facility. Many people incarcerated in Newport hail from the Chittenden and Rutland areas and are returned to facilities there a day or two before their release. These dynamics keep ESD and DOC struggling to develop a smooth, workable system to provide the benefits enrollment help. When the ESD workers in Newport do not get notice of the inmate’s release, the EBT card, which was sent to the facility to hold until release, is never activated.

The Northwest State Correctional Facility in Swanton is also in the early phase of the Initiative. The ESD eligibility specialist visits inmates every two weeks. For inmates living locally, the specialist also works with Probation and Parole to pick up anyone that he did not assist while incarcerated.

The South Burlington facility houses mostly detainees, public inebriates (23-hour stays), people with short sentences (from two to 30 days) and people on field supervision violations. Forty percent of the male population passing through Chittenden is housed in Newport. Population management is a full-time job, and the inmate “churn” which impedes release-planning efforts in Newport likewise hurts efforts in Burlington. Inmates are returned to Chittenden right before their release, so ESD workers do not routinely visit the facility. As of mid-March, ESD had served three inmates. Still, there is a procedure in place so that inmates housed in Newport who are being released from Chittenden get their benefits.

Like the Chittenden facility, the Marble Valley Regional Correctional Facility in Rutland is a hub where people generally go to serve short sentences or make brief stops before being reintegrated into the Rutland, Addison and Bennington areas. People who

are serving long sentences generally are not in Marble Valley. Also, a number of inmates who are released from Marble Valley are serving time out of state, and are brought back to Rutland just a few days before their release.

The ESD benefits program specialist in Rutland visits the facility every two weeks and sends the EBT cards to the probation and parole office to hold, or to the inmate's address if he has one. Because probation and parole officers work with ex-inmates on housing and jobs, they are a logical point of immediate contact. Even so, the benefits program specialist tells the inmates to call her when they are released so she can switch on their benefits. This has been a more reliable way to learn about releases. Since April of this year, 13 inmates have been approved for benefits and five have applications pending.

Although it is clear that the Initiative has a more tenuous foothold in the facilities in which it has been implemented for a year or less, solid work is being done. As detailed below, the Agency, DOC, VR and ESD are actively engaged in addressing the reentry needs of inmates throughout the State. They are searching for ways to solve the deficiencies noted in supported and transitional housing, drug and alcohol treatment, and mental health services. The visits by VR and ESD to the facilities to help inmates with their basic needs and medical care are an example of the many people who need to be involved in planning successful reentry strategies.

In the struggle to find solutions, the Initiative's important role should not be overlooked not only because of the good work already done but also because the need for every piece of support is so great. For instance, women in the Windsor prison are at special risk if they are released without their health care in place. Because the facility lacks the capacity to stock extensive stores of medications, it releases women with only the supplies it has available. In contrast, men are released from Springfield with a full week of medications because that facility, designed to provide inmates with health and mental health services, stocks the necessary medications.

Also, inmates accepted into a treatment facility cannot be admitted unless their health care coverage is in place. It is the ESD specialist who scrambles to locate original birth certificates to meet the Medicaid and VHAP citizenship documentation requirement that is new this year. The specialist in Springfield has worked with ESD district offices in other parts of the state to contact family members and arrange for documentation to be brought in and scanned to back up applications. With residential treatment beds and prison beds in short supply, this kind of dedication deserves to be supported.

Overcrowding has produced inmate "churn." Because there are so many inmates and some of the facilities operate under capacity restrictions, it is a full time job for DOC to move inmates among the facilities to manage the population while accommodating court dates and other appointments. Churn puts any initiative that relies on getting to know hard-to-place inmates in jeopardy. It prevents case managers from helping to identify possible benefits recipients, and contributes to the VR and ESD eligibility work

that gets lost at release. And it crowds out valuable work with inmates that could help them stay out of prison.

The Benefits Enrollment Initiative helps in release planning, freeing up beds, and stabilizing inmates in the communities. Despite the work that is yet to be done, the program should be continued and supported.

3. The Initiative needs additional support from the Agency and its departments.

Perhaps because the Initiative is regarded as a minor piece of the release planning and recidivism puzzle, overshadowed by the challenges of housing and treatment, it is not getting the policy, staffing or measurement attention it deserves. If it continues to be viewed as an ESD effort, which remains unconnected to VR's effort except among the involved staff who are learning to work with each other in the facilities, its lack of resources may cause it to wither and die over the next few years. ESD has never received the resources needed to take on the Initiative.

The Springfield ESD office and AHS field director have embraced the Initiative from the beginning and take pride in helping released inmates by "doing the most we can to give them a step up when they leave." However, ESD continues to experience staff shortages resulting from the roughly two days a week the eligibility specialist is out of the office at the facilities. Other staff members are stretched thin to cover the extra work. More could be done for inmates if Springfield ESD had another $\frac{3}{4}$ FTE to provide coverage in the office and/or back up relief.

DOC and AHS have been supportive at the highest levels of management, including the field directors. But someone needs to devote policy and procedure time to making the efforts run more smoothly for the staff involved. There are a number of examples where, for very little effort, attention to the challenges encountered by VR and ESD could dramatically improve the Initiative.

The DOC case managers provide most of the referrals to the VR specialists in all the facilities. They are getting better at identifying people with disabilities and referring them for application assistance. They are also valuable in helping to document inmate disabilities. Documentation of a disability is the key component to putting together a successful application. Documentation is accomplished through observation and medical records. Although the Social Security Assistant can help document functions by working with a person on an application, they do not see inmates day to day so they rely on case managers to report what they observe. In one facility, the case managers were concerned that the job of identifying inmates who may have a disability falls to them rather than the contracted medical staff, who by virtue of their medical training should be in a better position to identify potential applicants. The training VR offers about how to identify possible applicants for SSI would help case managers feel more comfortable making referrals and assisting with documentation.

The ease of obtaining medical records varies from facility to facility. Even though the Social Security Assistants have obtained signed releases from inmates, some facility staff lack the time to make copies. Others, unsure about confidentiality, refuse access. Some try to query the Assistants to obtain the precise information they need. This makes it difficult to get the full amount of information necessary to gauge whether an inmate has a good application. Putting together the best documented application possible is essential. If the first application is denied, it can take up to two years to appeal to an Administrative Law Judge.

It continues to be a challenge to get SSI referrals the recommended 90 to 120 days before release so that inmates can leave prison with benefits in place. The Social Security Assistants are having some success at following inmates into the community and completing applications after release. To strengthen its ability to complete unfinished applications, VR should be supported in its efforts to begin working with DOC's Probation and Parole division.

Corrections staff needs to contact ESD to confirm that a client has been released so ESD can "switch on" food stamp, health care, and Reach Up benefits. There needs to be a concentrated effort to tailor procedures to each facility to make this contact run more smoothly and to ensure that all the good advance eligibility work is not wasted.

In Newport, both ESD eligibility specialists and DOC case managers suggested that communications around the time of release is the biggest area that needs improvement. One thought was that the EBT cards should be sent directly to the probation and parole offices in Rutland and Chittenden counties where the inmate would be living, skipping the Newport facility entirely. The probation officers are likely to be in immediate close contact with individuals after release and will be in a better position to notify ESD to activate the card and provide a current address. Unfortunately, ESD reported that in a couple of cases, probation and parole offices had refused the cards. It was thought that if the ESD worker could be provided with the name of the probation and parole officer to be assigned to an inmate, it would help them follow up and "turn on the switch" for benefits.

The suggestion that probation and parole take on a more active and defined role in the Initiative was raised in several meetings as a way to avoid the pitfalls associated with the quick inmate turnarounds in South Burlington and Marble Valley. The ESD for Marble Valley already does this for the inmates she sees locally, but she still relies mostly on inmates themselves to notify her of their release.

ESD, VR and AHS's access to DOC's lists of new inmates and impending releases continues to be unclear and is not systematic statewide. The ESD eligibility staff in Springfield would like to find a better way to use DOC's records to check new inmates for benefits that will need to be turned off if incarceration is to be longer than a month. Inmates whose benefits continue while they are in prison will be burdened with the obligation to pay them back upon release. This can be a crippling debt and in the worse cases, take years to pay back.

In Springfield and Windsor, ESD and VR would also like to move toward a system where they use inmates' earliest release dates to begin working with them on benefits. The current approach is "moment to moment," which is difficult to manage and results in missed opportunities.

Since many inmates released from Marble Valley are serving their sentences out of state, one of the recommendations made at the group meeting in Rutland was to work with inmates by teleconference so assistance was ready upon their release. This may be helpful for SSI/SSDI applications as well, to give the Social Security Assistants the needed four months. As of April, only one inmate had been served at Marble Valley by a Social Security Assistant.

VR and ESD are collecting statistics on who they serve. Either AHS or DOC needs to use this information to determine whether the inmates served are being re-incarcerated and if so, when. In South Burlington, staff suggested that re-incarcerated inmates could be tracked through their EBT cards if they have them. A suddenly inactive card could signal a re-incarceration, trigger a DOC records check, and a brief examination of the causes for coming back to prison.

For a more comprehensive look at the causes for reentry failure, the Rutland staff suggested looking back two years at the people who were released after serving their maximum sentence and seeing where they are now and why they were not released after their minimums.

In sum, important dividends would be generated through:

- Infusing ESD with a position or two to help its eligibility staff cover the facilities as well as their community caseload
- The dedication of policy and planning time among ESD, AHS, DOC and VR to help the Initiative staff for each facility work through protocols
- Efforts to measure the contribution of benefits.

The people who are doing this work - the case managers, eligibility specialists, and Social Security Assistants - know what they need and what could help. They are creative and articulate problem solvers. They need to be asked what could help them and the information should be used to improve the Initiative.

5. The Initiative should ultimately be integrated into discharge planning efforts such as the Incarcerated Women's Initiative.

The human services staff in central Vermont has incorporated the Benefits Enrollment Initiative into its Incarcerated Women's Initiative, which aims at providing comprehensive services to newly released inmates from the Dale women's facility in Waterbury. Illustrative of the success of this initiative, a woman identified with the pseudonym "Suzie" was released last week with a place to live, food stamps and health care coverage. The next day, unlike many newly released inmates, she had food to eat

and an appointment at the local mental health center with a substance abuse counselor. In a system where 53% of inmates land back in jail in 36 months, Suzie is off to a stronger start than she would have been if none of these supports had been pre-arranged to help her through her first days and weeks. Besides working on housing, health care, food stamps and SSI/SSDI disability benefits, the Incarcerated Women's Initiative brings together staff from Child Support, the Women, Infant and Children (WIC) program, the child care subsidy program, and VR to work with women to arrange services before they leave prison.

The Incarcerated Women's Initiative (IWI) merges benefits enrollment into comprehensive discharge planning and post-release support. It serves as a model for making benefits enrollment a critical piece to the successful reentry puzzle. And it fills in the rest of the picture by providing the support needed for someone to land on her feet and not trip back into prison. IWI is also about to undertake the challenge of measuring its effectiveness, including the role of benefits. The work being done in Central Vermont provides the best support in the State for the Initiative, and has been done to date solely through coordination and hard work.

There are many other excellent examples of reentry planning initiatives, but none have incorporated the Benefits Enrollment Initiative work. These other initiatives, a few of which are mentioned below, offer opportunities to fold in and strengthen the Benefits Enrollment Initiative so it can play an even stronger role in improving reintegration and lowering recidivism.

In St. Johnsbury, the Community Justice Center runs a local Offender Reentry Program. It works with inmates convicted of felonies approximately 30 days prior to release and follows them into the community for continued support. The focus of the effort is to find out from the inmate what he needs upon his re-entry in terms of housing, employment, mental or physical health care, substance abuse treatment and transportation. Besides the Agency of Human Services staff that participate (VR, ESD, the individual's probation officer) counselors from the local mental health agency offer services and set up appointments, and Northeast Kingdom Community Action works on finding housing. Often, bus passes are provided to help with transportation since many ex-inmates have driving restrictions. Support through the program generally lasts six months, during which time the team and the individual meet regularly to check on progress. A recent success story involved a gentleman with significant mental health needs who was assisted through the program to secure SSI benefits and obtain mental health services. He now has his own small business as a self-employed artist that brings in a respectable income.

Inmate participants are recruited by an employee of the Community Justice Center who attends DOC's monthly "head count and census" meeting. There, all the inmates in and out of state who are due to be released into the St. Johnsbury area are identified and their needs discussed. The Community Justice employee then contacts inmates to find out if they are interested in participating in the program.

The St. Johnsbury program compiles data but does not track recidivism at this time. However, the University of Vermont has recently obtained grant funding to study the success of the program and design a tracking system to measure its effect on recidivism. The program itself suffers from a lack of stable funding. It has grant funding to operate for the next 18 months and must constantly search for money to continue to provide the reentry support.

The Benefits Enrollment Initiative remains separate from the Offender Reentry Program. One AHS staff member said that inmates in the Reentry Program who have been released from the Springfield facility always have their ESD benefits in place while inmates from Rutland and Newport generally do not. There is a clear opportunity for the Offender Reentry program and the Initiative to merge and boost the number of inmates released with benefits.

The case workers in the Swanton facility are justifiably proud of their workforce development program, which targets hard-to-work-with inmates and provides soft skill development and employment in good paying jobs in the facility. The inmates' earnings are matched so when they leave the facility, they have enough money saved for the first and last month's rent as well as the employment skills to get and keep a job. Out of the 26 men who have gone through this program, only 3 have come back to prison.

Participants in the Swanton meeting discussed a number of opportunities under development to help individuals stay out of prison. These include:

- A housing specialist to work with people on obtaining and retaining housing
- Targeted case management for people who are homeless or at risk of homelessness
- An increased number of substance abuse assessments in the facility to promote participation in DOC's Intensive Substance Abuse Program, and
- A family group conferencing model through the community justice center to help inmates and their families adjust to and prepare for the inmate's return.

Participants also acknowledged Vermont's desperate shortage of child psychiatrists, which contributes to the number of people who end up in Corrections due to the lack of early intervention and preventive mental health care. Some of the best discussion centered on increasing the employment opportunities for inmates and the anticipated benefits to be gained by DOC (in reduced costs) and its inmates (in experience and job skills) by having more inmates working.

Chittenden hosts a 12-bed "transfer unit" that is one of the best transitional housing and employment programs in the state. Probation and parole, and the Department of Labor team to help inmates leave the facility by day to look for a job and a place to live. They come back to the unit each night. Once they find jobs, they continue to live in the unit until they have the money to move out. The average stay is 1 ½ months, but some people stay longer until they get on their feet.

Also, twice a month, the superintendent at the Chittenden facility and the probation and parole District Manager meet to review everyone who is scheduled for release. That meeting produces referrals. The probation officer, the case manager and the inmate then work together to arrange support, recognizing that the more traditional “do this when you get out” approach does not work as well as pre-arranging benefits and services. Although the Social Security Assistant has served only one inmate so far in Chittenden, there is also a VR counselor assigned to the facility to help with discharge planning and follow people into the community.

The Springfield discharge planning teams featured in this report last year are continuing their work as well. There are undoubtedly others we have missed, all meritorious in their ambition to help inmates and enhance public safety. Each such effort offers an opportunity to integrate the Benefits Enrollment Initiative. The challenge is to do it as comprehensively and effectively as has been done in Central Vermont.

5. The bottom line: Mentally ill people should not be in prison.

Clearly, prison is not an appropriate setting for people with serious mental illnesses. They need specialized services that prisons are not designed to accommodate and prison personnel are not trained to give. Individuals under DOC community supervision fare no better. Participants at the Swanton Initiative meeting expressed frustration that probation and parole personnel do not have the qualifications to work with the people with mental illness they supervise. As a result, probation and parole officers are referring suicidal people back into prison to get treatment and the “prisons are becoming the new asylums.”

Swanton/ St. Albans is trying to address these concerns. A substance abuse social worker visits the probation and parole office twice a week in St. Albans to work with ex-inmates. There are monthly meetings of Agency staff with emergency room and mental health agency staff to discuss care protocols. These efforts need to be bolstered through comprehensive diversion and discharge planning that protects people with mental illness from harm, helps them avoid future criminal behavior, and promotes public safety.

The Rutland team observed that putting resources into supportive housing would help everyone out. “It could shift out of state beds to in-state beds, shift hard beds to supportive living beds, and save money from a systems point of view.”

Conclusion

The Benefits Enrollment Initiative is part of the existing infrastructure to support inmates in the community. There are experts throughout the state who are trained and willing to help DOC, AHS and communities support safe reentry. The Initiative should be continued, strengthened and enveloped into comprehensive planning efforts that significantly increase the supported housing and treatment needed to keep people with mental illness out of prison.